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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

FISTULA IN ANO, TREATED WITHOUT THE OPERATION.

(See MEDICAL AND SURGICAL REPORTER, June 18th,
1874.)

BY W. READ, M. D.,
Of Boston, Mass.

January 12th, 1873. —, *æt.* twenty-five years, married; has one child; three years ago noticed a swelling about an inch in front of vulva, on the inside of left thigh, which gradually softened, was opened, and discharged pus. Since then it has opened of itself three times. On examination there was found a soft, reddish-colored swelling, about an inch from the anus, on the inside of the left thigh. Patient preferring to take ether, an appointment was made for the next day (13th), when it was opened. The discharge had a fecal odor, and the probe passed in freely for an inch and a half, but did not enter the rectum.

16th. Injected a solution of potass. carb. 10 grs., water fl. 3 l. into the fistula. It caused great pain, principally in the rectum, into which it found its way through an inner opening that the probe did not enter.

18th. Injected as before.

20th. Injected as before. The external orifice of the fistula was healed up so firmly as to require considerable force to open it.

February 8th. The injections have been continued on alternate days, but the progress was so slow that a change in treatment, similar to that described in case No. 2 (MEDICAL AND SUR-

GICAL REPORTER, June 13th, p. 537), was decided on and adopted. The solution of the pot. carb. was, however, made of much greater strength, 90 grains to the ounce of water.

9th. Patient reports that the pain of the application was much alleviated by the hot sitz baths ordered, and passed off in about two hours. To-day feels no discomfort at all; orifice of fistula is discharging freely. Applied a quantity of ung. resin. by a suppository tube.

11th. Patient reports that a portion of fecal matter comes down through the fistulous tract every time she has a movement of the bowels. The discharge of pus is quite free, and she has but little pain. Applied ung. res.

13th. Doing very well. Since last record none of the dejection has come through the fistula. Applied ung. res.

14th. Applied the caustic paste again, drawing the threads saturated with the paste freely and thoroughly through the whole of the tract, and then applying a large quantity of ung. res. After this patient went into a sitz bath as hot as she could bear it. Gave her ether during operation.

15th. Doing very well; recovered from effects of the ether in about three hours; reports a free discharge of pus from external opening of the fistula, and to-day but little pain; is up and about her house. Removed the ligatures and applied ung. res.

17th. In no pain; there is very little discharge from the outer orifice, and the contents of the bowels do not come down through the track of the fistula. Applied ung. res.

19th. External orifice of the fistula looks healthy; gave her an injection of tannin, ten

grains to the ounce of water; both up through the fistula and in the rectum.

21st. Doing very well; occasionally a feeling of itching and smarting, but no throbbing or beating as if inflammation was commencing; injected a small quantity of the tannin solution, per anum, and ordered ung. benz. zinc to dress the outer orifice.

26th. No material change.

March 5th. Reports that the fistula has been quite troublesome, and at times quite painful; once it discharged nearly a teaspoonful of pus; to-day orifice looks healthy and free from inflammation; probe passes the entire length; to remain quiet a few days.

9th. Gave patient ether; passed the silk ligature again, and applied the caustic paste, reduced to sixty grains to the ounce, and then ung. res.; is suffering from an attack of feverishness, brought on by cold.

11th. Patient is up and about her room; the pain from the operation lasted but a short time, and, were it not for the depression of the febrile attack, she would be quite well. Applied ung. res.

13th. Feverish state continued, though in a very mild degree; has no trouble from fistula; it discharges freely, but without pain; applied ung. res.; to have enemata of lukewarm water at least three times a day.

15th. Suffering a good deal from the fever; has one well marked paroxysm, beginning about noon each day; fistula gives her no trouble; no application made to it.

17th. Fever has much abated since last record; has had no headache yesterday nor to-day, and appetite begins to return; removed the ligatures and applied ung. res.

19th. Reports that she feels very much better since the ligature was removed this time than before; has no uneasiness or discomfort in the fistula; injected tannin solution per anum and through the fistula.

22d. Doing very well; occasionally, when the gas presses the rectum very strongly, it forces through the fistula; injected tannin solution.

27th. Suffering from a return of the fever, slight; is not confined to her bed; no pain or soreness in fistula; injected tannin solution per anum.

31st. Since last record has felt nothing pass through the fistula; the outer orifice is closed and contracted; a deep indentation marks the

place where the outer orifice was; patient was ordered to use ice cold water as an injection, freely, and attendance was discontinued.

April 17th. Patient was seen. The probe does not pass into the old track of the fistula deeper than one-fourth of an inch; there is no discharge, and patient feels no discomfort and has no sense of anything wrong in the locality of the old trouble.

CASE 4. April 27th, 1873. —, set. sixty-four. Twenty years ago, while in the employ of the Adams Express Company, got an injury at Panama, which terminated in an abscess at the nates on the right side. It was opened, and never closed, but degenerated into a fistula. Several times he was on the point of having it operated on, but his condition was not considered satisfactory, and the operation was abandoned. Seven years later another abscess formed on the left side, directly opposite the first, and followed the same course. About eighteen months ago another opening, near the edge of the anus, made its appearance, and six months later another still. His present condition is: Two deep burrowing fistulas, the external orifices being three inches from the anus, and almost on the tuberosities of the ischium, and two more recent ones within half an inch of the edge of the anus, and all discharging freely. Both nates are hard and brawny, livid in color, and corrugated and puckered from the long standing of the disease. Gave him ether and introduced the ligatures. The probe was passed into the track of the oldest fistula, the one on the right side. It entered a large canal, straight, with callosed walls, and surrounded by brawny tissue, the result of many years' irritation and ulceration. The most careful probing could find no inner orifice, and the probe was carried straight on into the rectum, which it entered about three and a half inches from the anus, just a little short of the length of the forefinger of the left hand, pushed as far up as it could possibly be. The loop of the ligature was caught on the end of the probe, and the end withdrawn and securely tied. The same course was followed with the fistula on the opposite side, the external orifice of which was situated, relatively, in the same place as the one already described, and the inner opening made by the probe was directly opposite the inner orifice of the first. The other two, situated nearer the anus, were ligatured in the same way, without any trouble. The patient came

from under the influence of the ether well ; iodoform ointment was applied in the rectum.

28th. Dr. Howard F. Damon saw the patient with me. Found him suffering scarcely at all with pain or soreness. Said that he is almost entirely relieved of the throbbing and beating which for years he has felt in the region of the fistulas ; had a free evacuation of the bowels with comparative ease, and there is much less sensitiveness of the anus when applying the ung., which was of ung. iodoform and ung. res., equal parts.

29th. Doing well ; dejections easy ; copious flow of pus mixed with the ointment through the fistulous track.

May 1st. Induration surrounding the fistulas rapidly subsiding ; parts can be manipulated with a good deal of freedom, without causing suffering ; moved the ligatures freely through the fistulas without causing pain ; applied ung. res.

3d. For two days has had but slight passage from the bowels, and is much troubled by a pain which moves from side to side, and is felt mostly in the right lumbar region ; no fever ; tongue clear ; skin cool and moist ; very little appetite ; no pain in fistulas ; the hardness about them seems to be all the time abating ; ligatures can be moved freely without pain ; there is free discharge of laudable pus ; no inflammation or throbbing along the track ; patient can sit up with more comfort than he has for years ; applied ung. res.

15th. Owing to illness nothing has been done up to present date, except to apply ung. res. at short intervals. The pain complained of in record of May 3d proved to be that of rheumatism mixed with neuralgia, which has nearly abated ; gave him ether and applied the caustic paste, one half saturated strength, a much stronger solution than had been previously used, but which, in consideration of the duration of the lesion, and the great amount of false and altered tissue, surrounding the fistulas, I thought best to try ; ung. res. was applied, and the nates covered with compresses wet with hot water ; if there should be much pain patient was directed to use the hot sitz bath.

15th. 6 P. M. Patient came out of the ether well ; feels a heavy dull pain in the fistulas, but not enough to trouble him ; fistulas discharging a dark grumous thick fluid ; there is no tenderness ; if much pain comes on to have an opium pill.

16th. Doing well ; applied ung. res.

19th. Since last record no treatment but application of ung. res. ; is apparently doing very well ; gave him ether and applied the caustic paste.

21st. Very comfortable ; had a slight return of the rheumatism, to which he has been subject for years, in the right elbow, but it has passed off ; all the induration and external signs of inflammation about the orifices of the fistulas have passed off, and the region about them is as soft and pliable as it ever was ; applied ung. iodoform.

25th. Gave patient ether and made a thorough exploration of the rectum as far as the finger could reach ; it was found to be perfectly free from the induration which marked the internal end of the fistulas on the first exploration, and all within reach was healthy ; applied the caustic paste and then ung. res.

27th. Dr. Charles G. Putnam called with me. Patient reports himself very comfortable, and all pain from the cauterization gone ; removed the ligatures and applied ung. iodoform.

29th. Doing well ; injected fistulas with tr. myrrh and water, of each equal parts ; general condition very much improved ; appetite is returning, and his strength is coming back ; has no uneasiness along the track of the fistulas, but deep pressure to the left of the cecceygis reveals a tender spot.

31st. Is up and about ; walks without fatigue or causing him pain ; the track of the fistulas is still open, and the injection thrown into the orifice on the left side comes directly out of the orifice of the one on the right side, showing that their internal openings are opposite each other ; to have frequent injections of ice water thrown into the rectum.

July 10th. From last record till date, patient has been using the injections of myrrh and water, except that once or twice a solution of permanganate of potass. was used, but with no appreciable betterment. He is able to go about at will, and to-day came to my office, nearly two miles from his own home.

14th. Doing well ; omit injections through the fistulas ; continue enema of cold water.

19th. Has been confined to the house since last record by another attack of rheumatism ; patient was directed to omit all treatment of the fistulas for the present.

August 24th. Patient presented himself ; found some discharge from the fistulas ; in

passing the probe some resistance was found, but not enough to make it certain that the track was closing satisfactorily; ether was given, and the ligatures were reapplied. The caustic paste was applied to the two oldest fistulas, and then the ung. res. again.

25th. Patient has taken a severe cold, and is coughing a good deal, which causes great pressure and pain in the fistulas; applied ung. res.

30th. The paste was applied to the two more recent fistulas nearest the anus.

September 2d. Applied the paste to the two oldest fistulas and let it remain fifteen minutes, then ung. res.

5th. Paste applied to the lower fistulas.

October 5th. Up to this time the paste has been applied at intervals of a week, alternately to each pair of fistulas, and to-day the ligatures were withdrawn from the two nearest the anus; cough much better.

22d. Withdrew the remaining ligatures, and put patient on iodoform and iron, dragees, two grains of the former to one of the latter, twice a day.

November 4th. The external orifice of the oldest fistula is closed; a slight discharge issues from the one opposite, and the two nearest the anus are firmly healed up; continued the iodoform and iron.

12th. Doing well; both orifices of the older fistulas are closed and contracting; the only discharge came from the anus, and is diminishing daily; is taking the iodoform and iron still; cough almost entirely gone.

January 23, 1874. Patient reports himself well; all discharge has ceased for a long time; is able to attend to his duties, and in general health is as well as he could wish.

A CASE OF OPIUM POISONING.

BY C. W. STOCKMAN, M. D.,
Of Cranston, R. I.

The following case affords proof, conclusive to my mind at least, of the antidotal power of belladonna against opium. On the evening of July 22d, at about 9 o'clock, a boy called at my house and requested me to go with him some three miles to see a man who had a fit. We had an epidemic of scarlatina at that time, necessitating a great deal of night work, and as the night was dark and stormy and the road very bad, I did not want to go, and after questioning the boy, and coming to the conclusion

that it was a case of epilepsy, I sent some medicine with written directions, and promised to see the patient in the morning. At 2 o'clock A. M. the father of the boy came and informed me that papers had been discovered under the pillow of the patient (who was a young man visiting at the house) indicating that he had taken poison with suicidal intent. On arriving at the house I found a young man, apparently some twenty-five years of age, of dark complexion and robust build, lying in a state of profound coma, interrupted only by rapid, stertorous breathing and foaming at the mouth for a few moments, at long intervals. The ordinary respirations were about four or five per minute, and the pulse was very rapid and weak. The face was of a dark, purplish hue, and bathed in perspiration, and moderately warm, while the extremities were quite cool. The pupils were contracted to a size not much above that of a pin's head. Not the slightest indication of consciousness was elicited by passing the finger across the naked eye, by violent shaking, or by the application of ice water, in the form of affusion, to the head. I learned that the first symptoms which attracted the attention of the family occurred at about seven o'clock P. M., and that he had passed into the state of complete stupor in which I found him, and from which no effort of theirs could arouse him, at about twelve o'clock midnight, after the occurrence of several convulsions. It was now three o'clock A. M., consequently eight hours, at least, had elapsed since the first manifestation of decided effects from the poison, and three hours since the supervention of complete coma. Having no stomach pump at hand, I endeavored to administer an emetic of sulphate of zinc, but as the patient could make no effort to swallow, it all ran out of his mouth. I then injected, hypodermically, about two-thirds of a teaspoonful of fl. ext. belladonna, and per rectum a strong infusion of coffee, containing half a teaspoonful of liq. ammon. fort. I then applied a strong current from a galvanic battery for about ten minutes, but with no apparent effect. In about half an hour the pupils began to dilate, and at the same time the pulse gained in strength and the respiration became more frequent and steady. No further treatment was used except a second injection of the coffee and ammonia, and several applications of the battery, which, after about an hour from the time of administering the belladonna, began to pro-

duce some effect, and at ten o'clock A. M., or seven hours from the commencement of treatment, the patient had so far recovered consciousness that he understood what was said to him and made efforts to reply. As I was obliged to visit a patient in an adjoining town, my partner saw him at three o'clock P. M., at which time he had completely recovered consciousness and was feeling quite comfortable, although very weak. I learned afterward that he had taken, at one dose, three ounces of laudanum, at about two o'clock P. M., July 21st, but vomiting quickly supervened, and he recovered from its effect without attracting the attention of the family. The next afternoon (the 22d) he took, in divided doses, two and one-half ounces, from the effect of which he was suffering when I first saw him.

CHOREA, WITH CARDIAC COMPLICATIONS.

BY F. H. BAILEY, M.D.,
Of Knoxville, Tenn.

March 24th, 1874. Called to see a little girl, Mary —, aged ten in July next; German parentage; family in good circumstances; light complexion and hair; not large of her age; but of a very active temperament. About six weeks ago she was observed to have irregular movements of the left arm, with a shrugging of the same shoulder, and similar movements of the left lower extremity; right side not affected; attends school, riding into town a mile, the family residence being on one extreme of the city limits. Bowels not constipated, but the appetite capricious. Skin cool; pulse slightly accelerated, but perhaps from excitement on being questioned. On applying the ear over the cardiac region, I detected a systolic murmur, which supplanted the normal sound. It was aortic, and resembled a creaking, rather than blowing. Cardiac impulse somewhat increased. There is a rheumatic history, she having complained at times during the winter just passed, of pains in the elbow and arm (left). This has been attributed by her mother to becoming chilled when riding from school facing a north wind. Prescribed as follows:—

R. Iod. potassii,
Bromidi potassii, aa ʒi
Syr. rhei. aromat., fl.ʒij
Fluid ext. sennæ, fl.ʒj
Tr. actææ cimicifugæ, fl.ʒss. M.

Fiat mistura.

Sig. Teaspoonful morning and night, in water. To be allowed to continue attendance upon school, with ordinary diet; and to pursue her wonted course in every-day life.

30th. Condition unchanged; bowels loose; probably from the senna in the mixture; heart sound appears like a cross between a rubbing and a blowing, is heard towards the left axilla, less and less distinct, till it becomes inaudible at the third rib; impulse a little diminished, and the pulse not so rapid; suspend the mixture.

31st. The father called and reported that there was complaint of pains in the left arm, with lameness in the other limbs. Prescribed the same mixture, but with less senna.

April 3d. Unchanged, except that the movements are more marked. Complains of pain in the spine. Learned that Mary had been frightened at school by the larger girls, who dressed up with large sheets, so as to personate ghosts. On one occasion Mary says she was very much excited. This was before she was choraic to any extent. Prescribed as follows:—

R. Ext. conii. mac., ʒij
Sesquiox. iron, ʒiss
Syr. tolutani, fl.ʒss
Vini zericæ, fl.ʒij
Tr. actææ racemose, fl.ʒij
Syr. senegæ, fl.ʒj
Olei gaultheriæ, ℥viij.

Fiat mistura.

Sig. Teaspoonful morning and night.

Also:—

R. Zinci oxydi, ʒijss
Ext. belladonnæ, ʒj
Pulv. opii, ʒss
Axung. puræ, ʒj. M.

Fiat unguentum.

Sig. Rub on the spine.

13th. Called at the residence, and found that Mary was unable to attend school. The movements still confined to the left side, but there is more difficulty in walking. The left lower limb at times will drag along, and on one or two occasions she has fallen to the floor. Sleep is much disturbed, and there is a feeling of weakness. Also, there is a soreness in the left lumbar region, with some fullness of the integuments. Bowels inclined to be loose for a day or two. The cardiac murmur is more like a rubbing, and heard very distinctly at the base; pulse about 100, but not full. To continue the conium mixture, and take a pill composed of quinia 1½ grains, and sulph. zinc 1 grain, morning and noon.

18th. Visited the patient and found her about as at the last report. On auscultation find the cardiac impulse somewhat lessened. The murmur still distinct, but not heard over so extensive an area. Pulse eighty-four and regular; tongue clean but red, and she complains of soreness in the mouth and throat. Follicles at the base of the tongue are enlarged, and the tonsils slightly prominent. Her mother says that she appears to have a diminished use of the left hand and arm, while the right side is not in the least affected. The left lower extremity drags in walking, but as she attempts to run, there appears to be but little impediment. She complains of soreness and lameness in the left elbow, and, on pressure, she will complain of pain. There is at times a discoloration of the skin on the left forearm and hand, appearing, as her mother expresses it, as if it was dirty, and also a similar appearance is seen on the left side of the face. On carefully examining the spinal column, I find no tenderness complained of on pressure, till arriving at the upper dorsal vertebræ, where there is a decided shrinking to avoid the pain produced. The appetite has improved for a few days past, and the bowels are more regular in moving, and the stools more natural in appearance. She has complained of nausea since taking the quinine and sulph. zinc, commencing about an hour after swallowing the pill. The sleep is still somewhat disturbed, and she says she has frightful dreams. Since wearing a red flannel jacket, which I advised at my former visit, she has complained less of chilliness and shooting pains through the thoracic walls. I will remark that since the choric manifestations were first noticed, it has been very rainy, and although not cold, the weather has been chilly and unpleasant. There is an unusual amount of rheumatism in the community, which is attributed to the excessive dampness. Directed that the mixture of carb. iron be continued, and the quinine and zinc be given in half the dose; to continue the application of the ointment to the spine, and to rub upon the tender spot on the upper vertebræ as follows:—

R. Cantharidal collodion,	fl. ʒij.
Glycerine,	fl. ʒj.
Croton oil,	fl. ʒj.
Tr. opii.,	fl. ʒj. M.

Fiat linimentum.

Sig. Apply twice daily with a camel's hair pencil.

21st. Called out, and found Mary fully as well as at any time. The movements are less irregular, and there is no more difficulty in walking. Pulse eighty-four and rather fuller. The murmur still distinct at the base of the heart and towards the left shoulder. At the apex and towards the right side it is not noticed; impulse not so strong; tongue clean but rather red; appetite good, and bowels open once or twice daily. An eruption upon the spine from the liniment. At the point where soreness upon pressure is complained of, there is a brownish spot half an inch across. Similar spots on the left arm and forearm still. To continue same treatment, and allow free exercise out of doors when it is not rainy.

27th. Called and found Mary much as at my last visit. Her mother thinks she can finger the piano with less embarrassment of movement. There appears some improvement in walking; cardiac murmur unchanged. No soreness on pressure on the upper spine. To continue the iron mixture, with the addition of more tr. actea, viz:—

R. Ext. conii maculatæ,	ʒij.
Sesquioxyd iron,	ʒij.
Tr. actea racemoseæ,	
Tr. syr. senegæ,	ss fl. ʒj.
Vini zerici,	fl. ʒij.
Oil cinnamon,	℥xv. M

Sig. Teaspoonful three times daily.

To apply a belladonna plaster, 2x3 inches, to the cardiac region, and take comp. rhubarb pill occasionally, to keep the bowels open. Continue zinc and quinine pills.

May 7th. Mary rode to town, and coming to my office was seen by Dr. Knaffle, a German physician. On this occasion a sore spot was discovered at the upper dorsal spine, but at no other point. There appeared to be a whistling sound, or as near that as anything else to which it could be compared, at the base of the heart, and along the aorta. Impulse less strong; has more control of the left lower extremity, but the arm is as choric as ever; the muscles of the face have lately been somewhat affected. On examining the fauces no unnatural appearance was discovered, except that the uvula was somewhat directed towards the left side. The only addition to the present treatment suggested, was a use of dry cupping at the upper dorsal vertebræ, with cool sponging of the whole spinal region.

20th. The father has reported rather favor-

bly of late in this case. He says she improves in walking, and can finger the piano with less embarrassment. Appetite improves; and, as the weather becomes warmer, she can be out of doors during the day. Prescribed to-day as follows:—

R Sulph. quinzæ, 3ss
Sulph. zinci, gr.viij
Ext. taraxaci, q. s.

Fiat. thirty pills. One morning and night.

25th. Little patient came to town; find pulse 88, soft, but a little unsteady; cardiac sounds distinct, but not so loud; still heard towards the left shoulder. At the third rib the sound is rather of a cooing; tongue clean; bowels regular; appetite good; an evident improvement in every respect; movements of the left hand and arm more under control, and the whole left side is stiller; says she can play on her piano with more ease and satisfaction; rests better at night; she plays out in the yard constantly now, as the weather is warm, and the ground dry. To continue pills, and iron mixture, and have the following liniment to rub on the spine:—

R. Tr. veratri viridi, aa fl. 3ss
Tr. opii, fl. 3ij
Tr. iodine, fl. 3j
Glycerine, fl. 3j
Aque rosæ, fl. 3xiv. M.

June 2d. The father informs me that Mary is still improving. The weather, for a month past, has been dry, and for two weeks exceedingly warm. This would act favorably upon the diseased condition.

15th. Being called to the family to visit another patient, I found that Mary had so improved that no choric movements can be seen. She walks and runs without impediment, and can finger the piano as well as ever. Her general health is good; the cardiac murmur, however, still remains distinct, and is rather a blowing than otherwise. Cardiac murmurs are not uncommon accompaniments in chorea, but in the above case the condition may have been congenital, or its commencement of an earlier date than the appearance of chorea.

27th. Since the last report Mary has had nose bleed several times. To-day she came to town, and on examination I found no abnormal condition except the same unchanged cardiac murmur. Thinking that the nose bleed may have resulted from a plethoric condition,

consequent upon taking iron for so long a period (nearly three months), I directed a suspension of its use.

July 8th. To-day I learn that but one slight appearance of hemorrhage from the nose has occurred since the suspension of the iron mixture, and that the little patient is entirely free from any signs of chorea. The cardiac phenomenon I shall continue to watch with much interest, and also to closely observe any change in the health of the girl. The above is given as taken down from time to time, during the progress of the choric manifestations, and now offered for publication, without any further remarks.

TREATMENT OF PLEURISY.

BY J. S. BIRD, M. D.,
Of Hyde Park, N. Y.

During the last few months I have seen several articles in your journal concerning the treatment of pleurisy. As my own treatment of this disease differs somewhat, both in principle and practice, from any given in these articles, allow me to give it in your columns. I have spoken of this as my treatment; I only mean by this the treatment I have adopted, but do not claim anything original about it; in fact, I have simply taken up, as my principal means of cure, a time-honored prescription, but one I think too much neglected by the more modern and fashionable therapeutists.

I will speak first of chronic pleurisy, by which I mean a collection of serum in the pleural cavity, the result of inflammatory action in the pleura. I was taught, by my honored and distinguished teacher in the practice of medicine, to treat this pathological condition by a succession of blisters to the affected side, and iod. potass. internally, in pretty large doses, and, if my observations have been correct, the simple diuretic plan, in some form, is the treatment recommended by most, if not the majority, of modern therapeutic teachers. This treatment I believe to be wrong in theory, and a miserable failure in its results. I have tried this plan of counter-irritation with blisters, and the iodide internally, also other saline diuretics, with the vegetable diuretics; have tried it thoroughly, both in hospital practice, under the direction of distinguished professors, and also with private patients, and have found it wanting in anything like satisfactory results. I will not deny but

that under this treatment, in some cases, the fluid may be slowly absorbed, and after a number of weeks, or perhaps months, it may wholly disappear, but in my cases the process has been so exceedingly slow as to bear such a resemblance to the efforts of nature, in this direction, that I have never felt sure that I did my patients any good with such remedies. Certainly the cure was too slow to insure against fibrinous adhesions and consequent crippling of the lung forever afterwards. And I do not think that my experience has been exceptional, for I find that it is now the advice of some professional teachers, when a patient with a pleuritic effusion presents himself, to "aspirate" at once; indeed, I think this is getting to be quite the fashion in city practice. This fact convinces me that the diuretic treatment, even in the best hands, is not satisfactory.

I have said that I believe this treatment to be wrong theoretically. My reasons are as follows: I believe that all rational treatment of disease should be founded, so far as possible, on our knowledge of its pathology. Now pathologists tell us that in pleurisy there is congestion of the membrane, with a deposit thereon of a layer of lymph, to a greater or less extent. The effusion of the serum is also the result of this pathological condition, and I claim that, as long as this morbid condition of the membrane remains, the absorbents will continue so paralyzed that they will not take up the effused fluid. To give diuretics without some means of modifying this morbid condition of the membrane, seems to me almost as irrational as giving them to remove the fluid from an encysted tumor. It would seem that blisters would have a decided effect in this way, but my experience has taught me that they do not.

Now, have we a remedy which, in its effects, will reach this inflamed serous membrane, and exert such a modifying influence upon it as to relieve its paralyzed absorbents and enable them to take up the effused serum? I think we have; one which will do it promptly and efficiently. It is the time-honored, yet much abused, and I have no doubt much misused remedy, mercury. The older writers have demonstrated that mercury, judiciously administered, has the power of not only checking inflammatory action in serous membranes, but of removing the products of such inflammation; and although this fact, established by our honored fathers in medicine, has been almost ignored by many modern

teachers and writers, yet its truth is daily proven by many practitioners fully competent to judge.

My method of treating chronic pleurisy with mercury, is in the form of the prescription which I have heard denominated "The old-fashioned diuretic pill," slightly modified by the addition of chlorate of potassa. My prescription is as follows:—

R. Potass. chlor.,	3j
Hyd. chl. mit.,	
Pulv. scillae,	
Pulv. digitalis,	ss Dj. M.

Make powders No. xx; take one three times a day, for an adult, and a proportionate dose for children. My only object in adding the chlor. pot. is that I can continue the calomel longer without salivation. I direct my patient to continue the powders till they feel slight tenderness on bringing the teeth together. This, in most cases, will occur in from six to eight days. After this, I continue the above prescription, minus the calomel, or some other simple prescription. I have never yet salivated my patient with this prescription. I have not kept a record of my cases, but my almost universal experience has been, that as soon as the constitutional effects of the mercury are slightly manifest, the serum has already begun to disappear, that the dyspnoea is much relieved, and my patient is rapidly returning to a condition of health. From the eighth or the tenth day of treatment the fluid disappears rapidly, so that in from two to three weeks it is all removed, or so far so as to cause but little, if any, inconvenience. I have, myself, been much astonished by the prompt and efficient action of this prescription. If there is pain at the commencement of treatment, I apply a single blister, simply to relieve pain. If no pain exists, I omit this; cups, either wet or dry, may be used if preferred. It may be observed that this is the diuretic treatment, after all. I do not think so, for I have never been able to discover that the quantity of urine was much increased by this prescription; indeed, not so much so as in cases where I have used the saline or vegetable diuretic alone. My idea is that the prescription acts through the effect of the mercury on the morbid anatomy of the inflamed serous membrane, enabling its absorbents to resume their wonted activity. Of course this treatment does not preclude a tonic prescription, if indicated, but I have usually found a prompt removal of the serous effusion

the best tonic applicable. If called to a case where there was necessity of immediate relief of the dyspnoea, I, of course, would tap at once, and "aspiration" is a very neat way of doing this, though I have accomplished my object satisfactorily with a bistoury and male catheter. I have not found this operation necessary since adopting the above plan. In case I relieved my patient by paracentesis, I would put him at once on the above powders, with a view of restoring the membrane to its normal action. If called to a case of pleurisy, either acute or chronic, in the first stage, with pain, febrile symptoms, "friction sound," etc., my treatment is nearly the same; perhaps a cathartic, a blister, or cups, to relieve pain; and I commence with the above prescription from the very first, combined, perhaps, if fever should run high, with some arterial sedative. During the last eighteen months I have been called to quite a number of these cases in the first stage, and when adopting the above plan, have relieved them completely in a few days, and have never in a single instance been troubled with a collection of serum. I don't remember that I have ever tried mercury alone in these cases, but imagine that the effect would be about the same. I have come to regard the "diuretic pill" as almost a specific in the treatment of pleurisy. I am aware that this is strong language, but any of your readers who are skeptical can easily, if so disposed, put my statement to the test, with the first cases of pleurisy that present themselves.

"CINCHO-QUININE."

BY H. B. BRIGGS, M. D.,

Of Westerly, R. I.

The use of cincho-quinine as a substitute for the sulphate of quinia was first brought to my notice in August, 1872. Since that time I have used it with seemingly good results, and as its use at the present time is a subject of comment among numerous physicians, I herewith add my own experience with the comparatively new drug.

As a remedy which possesses the power of arresting morbid periodical movements, its use, in my hands, has been decidedly flattering. Although my experience with it in intermittent fever has, of necessity (on account of locality), been very limited, yet I have used it in several

cases, and in every one the results have been good, and in no case has the patient complained of any disagreeable sensation in the head from its use. In several cases of facial neuralgia, the pain occurring in paroxysms, it has been given with decided good results. In one case, the patient a female, the sulphate of quinia was given first, but had to be abandoned on account of the great amount of nausea and vomiting produced. She was put upon the cincho, same dose, and the above unpleasant symptoms vanished. The following case is given as illustrative of its use in simple remittent fever:—

Was called, May 7th, at 10 A. M., to see a patient, C., æt. 34. Found him in bed, suffering from a severe chill; pulse 110; intense cephalalgia, thirst, bowels constipated, slight nausea and epigastric uneasiness, pain in back, respiration hurried, although free, tongue furred, no appetite, face flushed, urinary secretion scanty and quite high-colored. The patient's history was thus: Had not felt as well as usual for the past week or ten days. On the day previous (May 6th) had experienced a chill, which was followed by increased heat of body, and moisture, also by a severe and throbbing headache.

Was ordered comp. cath. pil. iij., to be taken at once. Also the following mixture:—

R.	Tr. aconit. rad.,	℥℥.
	Potas. nitrat,	℥iij.
	Aquæ puræ,	℥iij. M.

Sig. ℥j. every four hours.

Also,

R. Cincho-quinine, ℥j. Ft. chart, x.

Sig. One powder every four hours, to alternate with above mixture.

May 8th, 3 o'clock P. M. Patient feels about the same as yesterday. Had a chill about 10 o'clock A. M., although not as severe as yesterday's. Pulse 98; headache continues; bowels have moved once, stool very dark; nausea continues; has vomited once or twice. Ordered seidlitz powder; yesterday's treatment to be continued. Also, powder, cincho-quinine, gr. x, to be taken at 6 o'clock A. M. next day.

May 9th, 5 o'clock P. M. Patient feels much better; has had no chill; pulse 88; bowels moved several times; little or no pain in head or back. Ordered powders, cincho-quinine, grs. ij, every four hours.

May 10th, 5 o'clock P. M. Patient feels very much better. Pulse 70; no chill; bowels open;

no nausea; tongue clean; appetite not very good. Ordered the following:

R. Cincho quinine. ʒss.
Tr. gent. co.,
Syrup simplicia, aa fl.ʒij. M.

Sig. ʒj. in water, three times a day, before eating.

Visits discontinued.

The above case is one of quite a number treated with the cincho during the past two years, with the same good results. As a tonic, could I have but one preparation, I should prefer the cincho in place of the sulphate. In more than one case have we seen the sulphate disappoint, when a good result followed upon the use of the cincho; although the alkaloids may possess the anti-intermittent power of the bark, it has certainly not been proven that they exert all the peculiar influence of that medicine as a tonic; in fact, clinical experience has proven the opposite. Now, if any one of the salts of cinchona does not possess that property, and they all combined do, it is plain that a drug containing them all, or nearly all, must have a wider scope for action than those containing but a single salt. Such a drug we believe the cincho to be, and shall be disappointed if it does not so prove itself in the hands of our professional brethren.

It is with pleasure that I recall its use in typhoid fever; notes of thirty-two cases of the above fever that have come under my observation during the past two years, in which use

had been made of the cincho, but two proved fatal. The treatment was based upon the supposition that typhoid fever was due to a blood poison, which poison exhausts itself in a few weeks at the furthest, if life can be prolonged until that time, and that we have not, or at least do not know at the present time, of a specific. The treatment consisted, in every case, of nourishment, alcoholic stimulus, and tonics. Of the thirty-two cases, the cincho was the only tonic used, with but one exception. In typhoid, one of the greatest dangers is from the severity of the fever. In all fevers of long duration the protracted increased transformation of tissue, on which the feverish overheating depends, induces consumption of the body of the patient. For moderating this fever, the cincho has appeared to be a most efficient remedy. Do not understand me to say that it possesses any abortive properties; the only effect it has upon the disease is to moderate the fever. I usually prescribe one or two grains at a dose, in solution with dilute sulphuric or nitro-hydrochloric acid.

In children, who often show a marked repugnance for the sulphate, the cincho is taken readily, and is seldom if ever followed by any marked gastric disturbance.

A very elegant way in which it may be exhibited to children, is in connection with the "Simple Elixir," a formula for which is found in the MED. AND SURG. REPORTER, May 23d, page 483.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Use of the Elastic Ligature.

Mr. S. M. Bradley reports the following cases to the *British Medical Journal*, as illustrating very well the advantages derivable from the elastic ligature. A patient suffering from fistula *in ano*, complicated with stricture of the rectum about four inches from the anus, had the fistula divided in the usual way with the knife, when it was discovered that on one side the large abscess which had formed outside the bowel communicated by a long and sinuous track with the bowel above the stricture. It would have been hazardous to lay open this track with the knife, as it entered the rectum at the point where

the right fork of the superior hemorrhoidal artery divaricates from the left. A ligature was, therefore, passed from the ischial opening of the abscess along the fistula, and brought out through the anus. In two days this ligature had cut its way sufficiently to allow the wire-ecraseur to be applied, with which the operation was completed speedily and bloodlessly. While this case is a good example of the advantages, another which was under my care about the same time illustrates the disadvantages of this mode of treatment.

A healthy boy of 14 presented himself among the out-patients of the Manchester Royal Infirmary, with a sessile fibrous tumor, of the size of a large walnut, situated on the back of the metacarpal bone of the thumb. An elastic liga-

ture was applied around the base, a small sulcus being first made with the knife, in which it was looped. Great pain was experienced for the first five or six hours, which, however, gradually subsided, and in seven days the ligature, tightened from time to time, had completed its work, and cut through the base of the tumor. Instead, however, of the advancing granulations, so pleasantly described by Professor Dittel as following the contracting ligature, an angry edge of acutely sensitive and inflamed tissue was left, whence erysipelas spread up the arm, and for a few days the boy was in decided peril. Two months passed before the cicatrix was complete. It seems probable that the same modified praise is to be given to Esmarch's elastic bandage; for, while nothing but good is likely to ensue from its application in such cases as the one which Esmarch so graphically described, viz., the removal of carious bone in an anæmic patient, it cannot but fall into desuetude if it be indiscriminately employed in all cases, particularly in those where some septic condition is present, or when amputation is practiced on account of the presence of some diseased growth. In such cases, not only is it undesirable to squeeze back the germ-laden blood into the general circulation, but, the blood in the limb being already lost to the heart, it is unwise to burden a perhaps already weakened organ with propelling more blood than the system requires. The tourniquet saves to the system all that the system can benefit by, and to return more than this, except in rare cases, where we contemplate transfusion, is unnecessary, if not actually harmful.

Pleuritic Effusion, with Acute Mania, Cured by Paracentesis Thoracis.

Dr. Richard Greene, senior assistant medical officer, Sussex Lunatic Asylum, writes to the *Practitioner*, March, 1874:—

It is to be feared that paracentesis thoracis, for the removal of fluid effused consequent on acute pleurisy is not yet so common as to prevent the following case being interesting to most readers. No operation could have been undertaken under more unfavorable conditions, and yet the result was perfectly satisfactory. The patient's disease had been mistaken by his medical attendant: he was exhausted, from want of nourishment and from a long railway journey, and he was in a state of raving madness, having no knowledge of his surroundings or of his own weakness. Moreover, having no Bowditch's syringe at hand, I had to use an ordinary trocar and canula, conducting the fluid under water by means of a few feet of india rubber tubing. I am satisfied, however, that no air entered the pleural cavity.

A. B., aged twenty-eight (No. on Register, 2228), was admitted into this asylum on the 8th of March, 1873, suffering from acute mania. It was stated by the medical practitioner who certified to his insanity that he was then suffering from pneumonia, but that the thoracic dis-

ease had supervened on the insanity, and that they were not related to each other as cause and effect. On admission, mentally he was almost as ill as it was possible for him to have been, and his incoherent ravings were, as is often the case, divided between perverted religious ideas and the most disgusting obscenities, while, physically, he was found to be in a very exhausted state. His pulse 136, weak and compressible, respirations 33, and temperature in the axilla 100°·3. There was little or no respiratory murmur audible on the right side, but it was intensified on the left, and percussion elicited a dull sound over the whole of the right half of the thorax, which was also bulged slightly. It was at once seen that the case was not pneumonia, but pleurisy with effusion. Alcoholic stimulants were carefully administered, and under these the patient to a certain extent revived; but it became more and more evident that the only hope of recovery lay in paracentesis thoracis, which I consequently performed a few hours after admission. Four pints of fluid was removed, and the lung shortly began to expand. Six hours' sleep was obtained by the subcutaneous injection of one-sixth of a grain of morphia. The pulse, respirations, and temperature fell gradually, till they reached the natural standard, and contemporaneously the mental state improved, until reason was quite restored. A course of cod-liver oil and tonics completed the cure, and the patient was discharged on the 31st of May, in all respects well and strong. A few weeks ago I heard from his relatives that he has preserved both his mental and bodily health, and that he is daily employed at his trade.

The Value of Large Injections.

The *London Medical Record* gives a summary of recent studies on injections. The following are the practical results:—

1. Enemata, if sufficiently copious, will reach the small intestine, the ileo cæcal valve notwithstanding, provided there be sufficient propelling force, whether that be gained by a long column of fluid in the apparatus (as in the use of irrigators), or by the patient's position, with the pelvis elevated, favoring the descent of the fluid, or by repeated action of the injecting instrument. For ourselves, we could never see that the valvula Bauhini could ever be regarded as a real obstacle to injections from below, provided these were sufficiently copious; and we had made some experiments at different times, which had given ocular evidence of the extent to which injections had penetrated.

2. Hegar's and Mosler's experiments, and Wilbrand's case, show that it is neither necessary to use complex apparatus, nor to put the patients into awkward and perhaps dangerous positions; since from three to five feet of pipe, with a funnel at one end and a suitable nozzle at the other, is all the apparatus we need; and the patients simply lie upon the back, and the only pressure required is that of the column of

fluid. We may here remark, parenthetically, that we fail to see the pertinency of the long discussion about atmospheric pressure, sub-atmospheric pressure, and the like; because, whether in or out of the body, making allowances for temperature and the varied characters of the gases, we take it that atmospheric pressure may be regarded as a fairly constant unit; were it otherwise, learned professors and their poor patients would alike be crushed by the superincumbent air. The real pressure we have to overcome is that of the patient's muscles, aided in some cases by tense gases in the bowel; for, if any one will insert a tube into the rectum before the injection has come away, he will see the fluid come out in jets or spirts when the patients strain, and less markedly so at every descent of the diaphragm. In certain positions of the body, there is also the difficulty of "making the water run up hill," when we are administering an enema in the ordinary manner, ingeniously overcome by Hegar and Mosler, either by making the water run down hill (or rather down a long tube) first, or by shifting the position of the patient.

3. The safety and efficiency, or the benign action, of large enemata of water, gruel, and the like, is strikingly shown by these experiments. We are strongly inclined, however, to believe that a very small quantity of soap, or of some neutral salt, is even less irritating to the mucous membrane than pure water alone. Except in rain water, or in water which has been frozen, man nowhere finds anything like a pure drink provided for him; and what is true in a superior sense, and, so to speak, *à priori*, is, we think, no less true *à posteriori*.

4. The caution impressed upon us by these experimenters, not to allow air to get into the bowel, or as little as possible, is not an idle one. A very small quantity of air is not only intensely irritating to the bowel, but gives the greatest pain, almost agony in many cases. This fact was well known to our forefathers, although some of the so-called "trained nurses" of the present day, and many practitioners even, seem ignorant of it. Unless the precaution be taken to exclude air, the clyster is certainly not benign. To sum up all, large injections do reach the whole length of the large intestine, and beyond it; they are safe and speedy remedies for fecal accumulations, for some forms of intestinal obstruction (notably intussusception) and internal herniæ; for the treatment of intestinal ulcers, of hemorrhage from the bowels and diarrhœa; for worms, especially oxyurides, and their congeners; as a means of stimulating and increasing the secretion of bile; and of introducing into the small intestine nutritious matters in a state easily susceptible of absorption.

On Cystic Goitre.

A recent writer in the REPORTER narrated a case of cystic goitre. Not long since Dr. Morrell-Mackenzie, of London, read a paper on that subject before the Clinical Society of that

city, an abstract of which we take from our British exchanges:—

At the end of 1873, Dr. Mackenzie had treated sixty-eight cases of cystic goitre, and nineteen of the fibro-cystic variety. Of the cystic cases, fifty-four were cured, eleven were too slight to require treatment, and in three instances cardiac disease rendered it undesirable to employ radical treatment. Of the fibro-cystic cases, eleven were cured, four greatly benefited, and one died, whilst in three cases, the disease being slight, did not call for interference; and one patient discontinued attendance during the treatment. In the cystic cases, the cyst was first emptied with a trocar at its most dependent part. A drachm or two (according to the size of the cyst) of a solution of perchloride of iron was then injected and the canula plugged, the iron being left in the cyst; after seventy-two hours the plug was removed, and the iron solution withdrawn. The plug was then reinserted, and poultices of linseed meal kept constantly applied for a few days (sometimes for ten days or a fortnight) immediately over the cyst. In a few days suppuration was set up, and the plug was then permanently removed, the canula, however, being allowed to remain in the cyst until the secretion was limited in amount and thin in consistence. The duration of treatment was generally from three weeks to four months, according to the size of the cyst, the usual time being from six to eight weeks; if, however, the first injection was removed too soon, the process might have to be repeated two or three times, and thus the duration of the cure would be prolonged. In the fibro-cystic cases, the cysts were first treated in the manner described, and the fibrous structure afterwards attacked with subcutaneous injections of iodine. In the only fatal case—one of fibro-cystic substernal goitre—death suddenly supervened from the injection of air into a vein. In order to avoid such an accident in future, the author now uses a syringe with a long bent nozzle, which is so constructed that it cannot be completely emptied during the injection. With this precaution, he believes that the risk is entirely removed. Several cases were related in detail and the following were the conclusions at which the author had arrived:—1. Any cystic goitre which has attained the size of a hen's egg requires to be actively treated, even when the symptoms are not urgent; 2. Smaller cysts, which give rise to serious dyspnoea or dysphagia, likewise require to be treated; 3. The conversion of the cyst into a chronic abscess is the safest and most certain mode of treatment; 4. Suppuration is best set up by injections of the perchloride of iron, as the disposition to hemorrhage is thereby effectually controlled; 5. Injections of iodine (in cystic goitre) are dangerous, because often followed by sloughing; 6. There is a risk in the treatment by injections of iron, from the occurrence of too profuse suppuration when the cyst has been allowed to attain too large a size before treatment; 7. All operations on the neck are attended with the danger of air entering a vein and causing sudden death;

8. This risk is in proportion to the development of the veins, and the propinquity of the tumor to the heart; 9. In pure cystic goitre, the chance of this occurrence is so slight that it may be dismissed from consideration; 10. In certain kinds of fibro-cystic goitre, viz., those in which some of the original gland-substance is contained in the cyst, especially in substernal fibro-cystic goitre, the risk is at its maximum; 11. The extirpation of cysts is always attended with great danger from hemorrhage; 12. Extirpation is, nevertheless, justifiable where (the symptoms being urgent) the cyst has attained an enormous size, and has a capacity of several pints, but is not directly connected with the trachea or œsophagus; 13. Extirpation is justifiable where such a cyst has already burst and the patient is in danger from an exhausting discharge; 14. Extirpation may also be employed for the removal of a small but distinctly pedunculated cyst, having, for instance, a capacity of two or three ounces, provided there be no large vessels in its peduncle.

Ergotin Hypodermically in Hemorrhage.

According to the Vienna correspondent of the *Irish Hospital Gazette*, ergotin in hypodermic injections has been tried there with great success in hemoptysis, epistaxis, hematemesis, hemorrhage from the bowels in enteric fever, and especially in scorbutic hemorrhages, and generally with success, even though the improvement was sometimes only transient. In cases of hemoptysis the quantity of ergotin that was injected was from 1 to $1\frac{1}{2}$ grains; in exceptional cases this was increased to 7 grains (spread over several days) which was the maximum dose. The local inflammation was always proportional to the strength of the solution. The injections were always made in the neighborhood of the greater pectoral muscle. Usually, shortly after the injection, the skin around the puncture became red and tender, with a sensation of burning and often of pain; sometimes there was swelling and persistent induration, with greenish-yellow discoloration of the skin. In four very obstinate cases of hemorrhage in advanced phthisis, where cavities had already formed, the hemorrhage was checked after from one to three injections; indeed, in one case, a single injection proved sufficient. A solution of 5 grains of ergotin in a drachm of glycerine proved to be the one most suitable for general use. This solution is of a dark brown color, somewhat translucent, and even after it has stood a considerable time, the amount of sediment deposited is very small. It has another great advantage, viz., that it remains for a long time absolutely free from any fungus growth. A Pravaz's injection-syringe, when filled with this solution, contains just a grain of ergotin. The effect of injecting this solution was first tried on several perfectly strong and healthy persons, with the following results: After each injection the number of heart-beats in a minute was lessened by from four to six; a diminution

in the size of the arteries was demonstrated by the sphygmograph; the temperature was very slightly elevated, while the respiration remained perfectly undisturbed. The proportion between the amount of fluid imbibed within twenty-four hours and the quantity of urine passed was not affected; the appetite, digestion, and sleep also remained undisturbed. The local effects of the injection deserve notice. Generally, very soon after the injection the skin became reddened; this redness was usually circumscribed, but was sometimes diffused. The time it lasted was variable; in some cases but a very short time, in others for several days, sometimes disappearing for a short time only to return again better marked than ever. In some cases when the redness had disappeared there was left a greenish-yellow discoloration, showing the metamorphosis of the coloring matter of the blood. The redness, if very well marked, was often accompanied by increase of temperature, and pain and tenderness at the point of injection. There was, in some cases, swelling followed by induration, which lasted a considerable time; this happened more especially when the watery solution was used; indeed, it was never seen to occur after glycerine.

Obscure Symptoms of Heart Disease.

In a lecture by Dr. W. J. Cummins, of Cork, in the *Irish Hospital Gazette*, he observes:—

A large proportion of chest affections of a chronic kind, which are not generally recognized as of cardiac origin, and which are unattended by any cardiac murmur, belong more or less to slight obstruction of the left auriculo-ventricular orifice, an obstruction insufficient of itself, perhaps, to produce much dyspnoea, but when combined with catarrh, or bronchitis, or other acute or chronic affection of the nutrient (bronchial) blood vessels of the lungs, aggravate those diseases enormously. There are numbers of old people, over the bases of whose lungs crepitation is heard for years (although they may have little or no bronchitis or emphysema, and little or no cough or expectoration), from passive congestion of the air vesicles due to slight mitral contraction, so slight as not to cause a presystolic murmur, and yet sufficient to obstruct the circulation. You know that the force which drives the blood from the auricles into the ventricles is not as great or as direct as that which drives it out of the ventricles, hence the frequent absence of murmurs in *very slight* or *very great* obstruction of the auriculo-ventricular orifices, such as is met in cases intermediate between the two. In the very worst case of contraction of the mitral valve which I ever saw, and which I watched closely for about the last two months of life, I never heard a murmur of any kind, and my diagnosis was founded almost entirely upon the peculiar character of the pulse and the pulmonary symptoms, with profuse hæmoptysis. In that interesting case, also, of almost complete obstruction of the mitral orifice by a fibrinous clot, which I

alluded to in my second last lecture, as well as another similar case which I saw with Dr. Tanner many years ago, there was no murmur. It seems to me that in such cases the amount of blood which trickles or leaks through the minute orifice, uninfluenced by any powerful and direct force, such as that of a ventricle, is insufficient to produce the vibrations which give rise to morbid sounds.

New Method of Tying the Umbilical Cord.

Dr. Dickson says, in the *Edinburgh Medical Journal*: Having had three or four cases of bleeding from the umbilical cord, notwithstanding the application of the usual two ligatures, and as the medical attendant may be blamed quite undeservedly in such cases, I some time ago devised a plan which promises to prevent any such annoyance in future. A thick gelatinous cord is that which is most liable to bleed. Although tied very tightly by the "clove hitch" or otherwise, it shrinks away from the ligature; and the moment its diameter becomes less than that of the ligature, the vessels become pervious, and bleeding may ensue; I say may, because in the great majority of such cases it does not. With a view to prevent it in all instances, I began in September last to use what is called "flat silk elastic," which is a ribbon about a sixth of an inch broad, made of about eight threads of india rubber, interwoven with silk. One yard of it will tie about a dozen ligatures, one being sufficient in each case. As it is very strong, it can be tied tightly on the cord, which it follows as it shrinks, so that no hemorrhage can possibly happen. In the specimens shown, the difference between the two kinds is well seen, the one being quite slack, while the other still maintains its girth.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

Medical Register and Directory of the United States.

It gives us much pleasure to announce that this long-expected, and it is to be hoped useful work, is now ready for delivery. We are assured that the work of expressing copies to subscribers has commenced.

Archives of Electrology and Neurology: a Journal of Electro-Therapeutics and Nervous Diseases, edited by GEO. M. BEARD, M. D., etc.

We have received the first number of this new competitor for medical patronage, and most gladly welcome it as filling a niche hitherto unoccupied. Its editor, Dr. BEARD, is eminently

fitted to cater to the taste of the profession in his specialty, having given abundant proof to this effect by the many and valuable papers from his pen that have appeared from time to time in the columns of other journals. We trust he will meet with the most abundant success. The subject of electro-therapeutics is now of so much importance to every practitioner that we commend those of the profession who desire to be prepared for action to subscribe at once. The *Archives* will be issued semi-annually, at \$2.50 a year. Address Dr. BEARD, 53 West Thirty-third street, New York.

—In reply to many correspondents, we must say that it is impossible for us to give the price of books noticed in our columns, inasmuch as the publishers do not furnish us that information.

BOOK NOTICES.

The Philosophy of Spiritualism, and the Pathology and Treatment of Mediomania. Two Lectures by F. R. MARVIN, M. D., etc. New York: A. K. Butts & Co., 1874, pp. 68.

We think we cannot give our readers a better idea of this book than to quote the preface. "It is a sad thing that in the nineteenth century one can find occasion to write such lectures as these. It is a sad thing that men and women can be found who deserve to be spoken of as these lectures speak of them; but we cannot be blind to the fact that there are thousands of them in the world—they themselves speak of their number as comprising millions. It is not to hold them up to needless ridicule that these lectures are written, nor is it in any way to wound or offend them. Bitter as they are, they are written in pity and love; pity for them and love for the race. Their bitterness is because of their truth. These lectures are not written for spiritual media. Spiritual media are beyond the reach of lectures like these. They are in need of treatment which can be but faintly indicated in these pages. These lectures are written to save those who are about to be drawn into the meshes of Spiritualism, and to them, without further word of preface, the author recommends his lectures." We are fully of the opinion that any one who will waste the requisite time to read this book will be doubtful which most to deplore, the insanity of *media* (sic) or that of the author.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUG. 29, 1874.

D. G. BRINTON, M.D., Editor.

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115 South Seventh Street,

PHILADELPHIA, PA.

DANGEROUS BURNING OILS.

Somewhere we have seen it stated that the injuries and deaths in this country, annually, from the use of dangerously explosive burning fluids, equal in number all the casualties to passengers on our railroads, in the same length of time.

Whether this is literally true or not, we cannot say, but every one who takes the slightest note of the numerous accidents from this cause, reported in the daily papers, must be surprised with the constant danger to life which vast numbers of our citizens constantly incur.

The unscrupulous competition of refiners and dealers, and the general ignorance of the public as to the method of distinguishing dangerous from innocuous oils, favor the perpetuation and increase of these perils.

The Kentucky legislature, at its last session, passed an act to protect the citizens of that commonwealth from explosive oils, which we hope will be carried out rigidly and imitated generally. All such fluids are to be examined by a competent inspector, and if he decides against them, are to be confiscated, and the vendor punished with a fine not exceeding five hundred dollars.

The directions for the inspection of the oils are explicit, and appear to us extremely well calculated to circumvent the duplicity of unscrupulous manufacturers. They provide that:—

An inspector, in the performance of his duties, shall use the standard instruments in use for that purpose, and shall test all oils as follows:—

First. The water cup should have sufficient water in it to rise two-thirds up the side of the oil cup.

Second. Fill the oil cup with oil to be tested to within one-eighth of an inch of the top.

Third. Suspend the thermometer so the bulb is just under the surface of the oil.

Fourth. Use an alcohol lamp to heat the water-bath, and before placing the light under the water cup, test the oil in the oil cup by bringing a lighted match in contact with the surface of the oil. If it does not ignite, place the lamp under the water cup, and slowly heat the oil, not slower than one degree of the

thermometer in a minute, nor faster than two degrees of the thermometer in a minute, moving a lighted match across the surface of the oil at each degree the thermometer rises, not more than three-eighths of an inch from the surface of the oil. If the oil should flash, that is, a little gas burn on the surface, and go out again, remove the lamp, and as soon as the thermometer ceases to rise, test the oil; and should it not ignite, replace the lamp, and test the oil each degree the thermometer rises till the oil ignites or permanently burns. As soon as the oil ignites or permanently burns, the degree indicated by the thermometer is the fire test of the oil. The flame moved across the surface of the oil should not exceed that of an ordinary match.

All oils and fluids specified in section one of this act that ignite or permanently burn at a temperature of one hundred and thirty degrees Fahrenheit and upward shall be approved by the inspector; and the barrels, casks, or packages containing the same shall be branded or marked by him with his name, official character, and the words "standard oil;" and all oils and fluids aforesaid that ignite or permanently burn at a less temperature than one hundred and thirty degrees Fahrenheit shall be condemned by the inspector, and the barrels, casks, or packages containing the same shall be branded or marked by him with his name, official character, and the words "unsafe for illuminating purposes."

If these measures are enforced, as we have no doubt they will be, intelligently and fairly, they will benefit not merely the State in which they were enacted, but others also, as manufacturers will not like the notoriety which a condemnation of their goods in Louisville or Lexington will be pretty sure to give them.

NOTES AND COMMENTS.

Therapeutical Notes.

REMEDY FOR TOOTHACHE.

- R. Carbolic acid, saturated solution.
Hydrate of chloral, saturated solution.
Camphorated tincture of opium.
Fluid extract of aconite aa fl. ʒj.
Oil of peppermint fl. ʒss. M

Apply by saturating a pledget of cotton (or preferably a small piece of sponge), and pack closely into the cavity of the decayed teeth.

—*Dental Cosmos.*

TO CHECK VOMITING FROM COUGH.

Consumptives and others suffering from paroxysms of cough frequently vomit their food in such paroxysms. Dr. Woillez recommends swabbing the pharynx before eating, with a concentrated solution of bromide of potassa,

R. Potas. bromid. ʒij.
Aque destil. ʒiv.

warning the patient not to cough for a few minutes after the application. The same treatment is recommended for the vomiting of pregnancy. It is said to be very successful.

CORYZA.

Dr. J. S. Prout relieves this troublesome affection by the use of large doses, twenty to thirty minims, of tincture ferri chloridi. If the cure is not complete repeat the dose in two or three hours. A few doses only are necessary. —*Medical Record.*

BICHLORIDE OF METHYLENE.

Dr. B. F. Dawson, of New York, claims for this anæsthetic, in comparison with ether and chloroform, that it is pleasanter in odor; more rapid in effects; induces no muscular excitement; recovery is more rapid and complete; nausea and vomiting are rarely induced by it; it is not so depressing, and respiration is more regular and free; requires but a small amount. —*New York Medical Record.*

BROMIDE OF AMMONIUM.

Dr. J. K. Black, Newark, O., in the *Cincinnati Lancet*, suggests

R. Ammonii bromid. ʒj.
Syrup aurant. cort.
Aque aa fl. ʒij. M.

A teaspoonful before tea and bedtime, commencing ten days before the expected period, in cases of menorrhagia.

Danger in Hair Oils.

The *Laboratory* says:—Many hair oils are colored with aniline red, instead of the long-used anchusa, which answers every purpose, and should be continued. A hair dresser had been accustomed to use a hair oil composed of castor oil, colored with aniline red. A patron, whose head had been dressed with this oil several times, became aware of a disagreeable itching in the scalp, similar to that produced by arsenic. Inquiry traced the presence of arsenic in this aniline coloring, and by a discontinuance of the oil the eruption disappeared.

Bone Felon.

The London *Lancet* says: As soon as the disease is felt, put directly over the spot a fly blister, about the size of your thumb-nail, and let it remain for six hours, at the expiration of which time, directly under the surface of the blister, may be seen the felon, which can instantly be taken out with the point of a needle or a lancet.

Singular Order.

An order just received by a chemical manufacturing firm of Indianapolis, Indiana, for one thousand pounds of potato bugs, may be classed as one of the curiosities of commerce. It has been discovered that these insects possess qualities which make them a good substitute for the Spanish fly, and there is a prospect that from being regarded as an unmitigated pest they may become a source of actual profit.

A Chemical Testimonial.

It gives us much pleasure to give publicity to the following testimony in behalf of a well-known firm:—

125 FORT ST., W.,
DETROIT, July 16, 1874.

W. R. WARNER & Co.—Gents: In accordance with your request, I procured of your agent in this city, a sample of your sugar-coated Quinia Pills, which I have submitted to a careful examination with the following results:—

Gross weight of (2 gr.) pill. 5.4 grs. (average of 20 pills). The weight of single pills varied between 5.13 and 5.64 grs. The samples of five pills each yielded of alkaloid, soluble in ether, respectively 463, 465, and 469 milligrammes. These quantities would correspond respectively to 9.52, 9.56, and 9.64 grains of crystallized sulphate of quinia. It is possible, as you suggest, that the excipient may interfere somewhat with the complete extraction of the alkaloid by ether; in any case, I consider myself justified in saying that the pills are fairly what they claim to be. While many of the pills in the market contain an inferior quality of quinine, I find these are made of the best material. In confirmation of the direct analysis, I estimated also the sulphuric acid contained in your pills. I ascertained, in the first place, that the pills contained no excess of acid, no mineral bases, which might be combined with a portion of the acid in question. In absence of these, I considered the results obtained in this way tolerably reliable and exact. Six of the pills, precipitated by barium chlorid, yielded, in two experiments, respectively 208 and 210 milligrammes of barium sulphate. Twelve grains of sulphate of quinia would yield a precipitate weighing about 207 milligrammes. The result

was, as you see, perfectly satisfactory. The figures, indeed, are surprisingly close, considering how much the pills, individually, vary in size. It was an oversight not to have weighed the pills I used in each experiment. Possibly the quantity of quinine varies as much as the gross weight of the pills, which would admit of a range of 5 per cent. above and below the average. In conclusion, I take pleasure in testifying that your Quinine Pills are, practically, just what they claim to be, whether by analytical tests or by the therapeutic effects obtained from them.

I must not be understood to say that yours are the *only* pills which come up approximately to the standard. I should be doing injustice to more than one reputable and really honest firm.

Respectfully yours, A. B. LYONS, M. D.,
Analytical Chemist.

The Alcoholic Strength of the Various Bitters.

Mr. Henry Vaughan, State Assayer of Rhode Island, has made a chemical examination of thirty-five samples of "bitters," including all the more important ones found in the market. His report to Sheriff Holden gives the following percentages of alcohol in the various samples:—

	Per Cent.
Hostetter's Stomach Bitters.....	43.20
Baker's Stomach Bitters.....	40.57
Drake's Plantation Bitters.....	30.24
Sol. Frank's Panacea Bitters.....	37.20
Mishler's Herb Bitters.....	36.80
Dr. R. F. Hibbard's Wild Cherry Bitters.....	35.89
Rush's Bitters for the Stomach's "Sake".....	34.30
Dr. Fisch's Bitters.....	32.16
Baker's Orange Grove Bitters.....	25.70
Speer's Standard Wine Bitters.....	25.49
Traveler's Peruvian Bitters.....	22.40
Dr. Clarke's Sherry Wine Bitters.....	22.40
California Wine Bitters.....	18.20
Dr. Wheeler's Tonic Sherry Wine Bitter.....	14.66
Atwood's Quinine Tonic Bitters.....	40.10
Dr. Holmes' Golden Seal Bitters.....	34.24
Dr. Job Sweet's Strengthening Bitters.....	31.41
Webber's Strengthening Bitters.....	26.87
Flint's Quaker Bitters.....	22.99
Restorative Bitters.....	20.54
Luther's Temperance Bitters.....	16.68
Richardson's Bitters.....	59.14
Armington's Bitters.....	33.26
Davis' Bitters.....	30.50
Colton's Nervine Bitters.....	29.73
Dr. Warren's Bilious Bitters.....	29.60
Hartshorne's Bitters.....	27.35
Atwood's Jaundice Bitters.....	25.60
Puritan Bitters.....	25.60
Dr. Langley's Bitters.....	24.41
Dr. Hoodland's German Bitters.....	20.85
Oxygenated Bitters.....	19.28
Walker's Vinegar Bitters.....	7.50
Dr. Pierce's Bitters.....	6.38

—The Laboratory.

CORRESPONDENCE.

FOREIGN.

Medical Jottings Abroad.

ED. MED. AND SURG. REPORTER :—

As you kindly asked me to write you such occasional items of medical interest as I might come across in my travels, I take pleasure in doing so, though, to tell the truth, the care of my own health has occupied me more than that of other people, since I left America.

Somewhat to the surprise of the profession, this summer, on the continent, is a very healthy one. I say, to the surprise, for many supposed the cholera would be quite generally diffused, and the unusual heats we have experienced would, it has been feared, lead to other serious epidemics. Whether owing to this immunity or not, the International Medical Congress at Vienna has excited very little interest outside of those immediately concerned in it. Not one of the Vienna papers thought it worth while to send a reporter to its meetings. It has, however, quietly accomplished what I regard as a most important action, in the organization of an International Epidemiological Association, the details of which I shall not send you, lest you may find me repeating what you may have already published. Suffice it to say that it seems to me that our worthy ex-President of the American Medical Association, Dr. Toner, seems substantially forestalled in the scheme he laid before the Association, at Detroit, this year. Such united action by the leading sanitarians and physicians of different countries is an imposing sight, and one sure to affect most beneficially the standard of health of communities.

While on the topic of public health I should be glad to give you some vital statistics of the country in which I am; but, singular to say, Switzerland, so perfect in most of the machinery of its federal government, is least so in the arrangement of its statistics. The Canton of Geneva, for example, insists on commencing its statistical years at a different period from any other Canton. Hence, an accurate comparison becomes impossible. It is to be hoped that the Boards of Health of our various States will not be thus contrary.

A curious discussion has engaged attention lately in regard to these statistics. To explain it, I must go back a little ways in the history of sanitary science. Twoscore years ago it was supposed that the mean age of the inhabitants of a community is increased in *direct* proportion to the average healthiness of the community. Dr. Horn, of Brussels, showed, however, that this supposition is erroneous, as in the manu-

facturing towns, where there is a very heavy infant mortality, the average age of the inhabitants is greater than in salubrious agricultural districts, because in the latter the large number of living children reduces the average age of the living. Hence, that statistician interpreted the statistics to mean that the mean age is increased in *inverse* proportion to the general health. This singular position has been subjected to a special re-examination in Switzerland this last year, with the result, certainly, to weaken Dr. Horn's conclusion, but not to overthrow it. I should say the upshot of the discussion is to leave it quite doubtful whether the average age has any bearing at all on the general salubrity of a country!

I have passed so little time in cities that I have had no opportunity to visit hospitals or medical societies. I notice in the papers that the Medical Society of Berne recently met to discuss a paper treating upon the maladies to which operatives are subjected in certain processes of the manufacture of watches. It was decided to request that the Department of the Interior would see to the strict application of the law relative to the sale of poisons; and the Medical Society also resolved to ask the Society of Swiss Naturalists to offer a prize for the discovery of another substance to replace the poisonous cyanide of potassium which is now used in electro-gilding.

Though it is not strictly a professional item—and I am mindful of your hint that I should not stray from the path of scientific jottings—it will nevertheless interest those who urge the medical education of women, to hear that the Canton Schwytz has this summer formally declared every profession, trade, school, office, and civil right equally open to both sexes. Every legal distinction is done away with. I believe this little Canton is the first community in the world to take this step. To be sure it is almost the smallest commonwealth in the world, but the point of the wedge is always its smallest part. The rest follows. Still more strange is it that the ultramontane element in the Canton was the most active in this reform.

I shall conclude with a few words on veterinary science. The foot and mouth disease of cattle is exciting much alarm in Switzerland. In every railroad station one sees posters giving detailed instructions about the inspection of cattle, and forbidding the transportation of diseased individuals. In Prussia a remarkable mortality has broken out among the herds of deer, etc., in the public parks; the disease is an inflammation of the spleen, *milzbrand*. It is said to be communicable by inoculation to the human subject, even the bite of a fly which has lately been on a sick animal producing painful and alarming symptoms. No remedy for it has been discovered.

But lest I take up too much of your space with this gossip, I close with assurances of my continued esteem for the REPORTER.

AMICUS.

Geneva, Switzerland, Aug. 7, 1874.

Hernia Cured by Orchitis.**ED. MED. AND SURG. REPORTER:—**

An interesting case came under my notice in January last. A young man came to me for treatment of gonorrhœa; he had a double hernia, which had annoyed him for years, and which he found great trouble in keeping up. I prescribed for his gonorrhœa, and in a short time the discharge entirely ceased, and he appeared to be cured. About a week after this he was seized with a violent swelling of the testicle on the left side, following a spell of drinking. The swelling was confined principally to the cord, extending up as high as the internal ring, and drew the testicle up against the abdomen as if it had been strapped there. When the swelling had subsided, he found that the hernia did not come down any more, and at this time, nearly five months after the accident, the cord is thick and hard, the canal entirely obliterated, and his hernia cured on that side.

OSCAR LEEDOM, M. D.

*Montgomery Co., Pa.***Amputation of the Uterus and Vagina.****ED. MED. AND SURG. REPORTER:—**

Mrs. N., æt. 25 years, mother of four children, was confined March 4th, 1874, and gave birth to a full grown child at full term of her pregnancy. She was attended by a midwife in her confinement, who extracted the placenta by making strong traction on the cord. The placenta was adherent to the walls of the womb, and this led to complete inversion of the uterus and vagina. The midwife wished to conceal the mischief she had done from the patient and her friends, or else did not know really what had occurred, so the woman remained in that condition till the end of two weeks, at which time I was summoned to see her. On examination, I found the womb completely inverted, very much inflamed and swollen, with a dark spot on the fundus about the size of a silver dollar; her pulse was 120 beats to the minute; she was very restless and haggard, with anxious expression of countenance. I had Drs. Stephenson and Brown sent for, and on a thorough examination of the case it was agreed to amputate the parts, as the only means of relief for the patient, as evidently gangrene had set up in the fundus of the uterus, and if reduction were practicable, we could not expect recovery under the existing circumstances. Suffice to say that all necessary arrangements were made, and the patient was placed in the position for the operation of lithotomy. She was fully placed under the influence of chloroform by Dr. S., while I commenced making an incision with a scalpel on the left side, down to the vaginal arteries; a sponge was then applied with Monsell's solution. I then took up both arteries and ligated them, and with a needle and thread stitched up the veins, after arresting the hemorrhage. The other side was treated in the same manner. I then secured the parts entirely, and returned the remaining

portion of the vagina back, and washed the parts out clean with a solution of sugar of lead and tannin. Meantime the patient was roused and given a little brandy, which she threw up in a few minutes. A mustard plaster was applied to her stomach, and a little more brandy given her, which she retained. A full dose of opium was administered, and the patient put to bed. A pledget of lint saturated with creosote and glycerine were placed in the vagina and retained by a T bandage, which was let remain twenty-four hours, when it was removed and the parts washed clean and a new application made. One grain of opium was ordered every six hours, with port wine every two hours.

This course was continued for one week, at the end of which time all her symptoms seemed to be improving. I then ordered a wash of the permanganate of potassa twice a day, which was continued one week longer. At the end of that time I ordered a wash of nothing but lukewarm water, and at the end of one month's time, strange to say, the patient was able to walk about her room, and at the present writing is entirely well, and enjoying as good health apparently as she ever did.

E. G. BRADLEY, M. D.

*Cotton Plant, Ark.***Chorea in the Black.****ED. MED. AND SURG. REPORTER:—**

A query on this point, from Dr. S. Weir Mitchell, appeared in the MEDICAL AND SURGICAL REPORTER for July 25th, 1874.

I have under treatment one case of chorea, in a black child, P. Lewelen, aged three years and six months; only the left side is affected. The boy, in other respects, appears healthy. This is the only case I have seen in twenty years' practice. I have treated one case of traumatic tetanus in connection with the late N. E. Liggett, M. D., which resulted in death. Spasms from over-distention of the stomach, worms and fever, are, according to my experience, more common in black children than in white. I attribute this to neglect on the part of the parents, and improper food, want of cleanliness, etc.

G. P. PHILLIPS, M. D.

*Holly Springs, Miss.***NEWS AND MISCELLANY.****Druggists' Commissions to Doctors.**

The *Evening Star* says:—The retail druggists of Chicago have taken this action:—

Whereas, The practice of paying commissions to physicians in any form is in direct opposition to the principles upon which this college was established, if not a violation of the strict wording of its code of ethics; it is therefore

Resolved, That the maintenance of just and honorable relations between physicians and druggists or pharmacists is a matter of the high-

ost import to our college, and we do not hesitate to condemn a system that substitutes a money consideration for the just claims of merit and education.

[This is apropos of our editorial of a recent issue. Now let our respectable druggists of Philadelphia follow this lead. The brave words spoken by the Northern Medical Association of Philadelphia, under a similar provocation, some seven or eight years ago, would bear repetition and imitation by the Philadelphia County Medical Society, and all the other kindred bodies of this city.]

Bellevue Hospital.

The following gentlemen have been removed from the Medical Board of this Hospital: Drs. Isaac E. Taylor, L. A. Sayre, J. J. Crane, J. W. S. Gouley, Fordyce Barker, Frank H. Hamilton, Alex. B. Mott, T. M. Markoe, Austin Flint, Jr., William Polk, W. T. Lusk, and E. G. Janeway. What does this mean? Where are the men to fill their places? Is not this an excellent proof of the great wisdom of our legislators?

We regard this as the most forcible reply to all who propose the placing of our hospitals, schools, etc., in fact, the profession itself, under the protection of those who are chosen by the masses to govern, under the name of a republic.

Steam Whistles.

We are glad to learn that Massachusetts is to be partially relieved of this intolerable nuisance. How long is Philadelphia to suffer? The list of frightened horses, broken vehicles, maimed and murdered citizens, not to mention those who are done to death in what should be the sacred privacy of their homes, is sufficiently long. The American is a long-suffering being, but we predict some day an uprising, from this and kindred causes, that will shake up things, and give a better atmosphere, only, like in a natural thunder storm, some damage may first be done.

Another New Weekly.

We hail the advent of the Louisville *Medical Reporter*, edited by Drs. J. L. Cook and Jas. M. Holloway. Come in, there is room for all, without crowding. So don't quarrel.

Items.

—Dr. J. L. Babcock, of Hallowell, Maine, and Mr. Thomas Sanborn, of Boston, were killed by lightning, on a island in East Winthrop Pond, during the severe thunder-shower of the 14th inst. Their bodies were found the same afternoon, at three o'clock. Dr. Babcock's watch stopped at 8.27 o'clock, indicating the time of the sad event. The two men were out fishing, and sought shelter under one of the trees of the island from the fury of the storm.

—Dr. Cyrus K. Fiske, formerly of Providence, Rhode Island, committed suicide, a few days since, at St. Johns, N. B. He was slowly dying of pulmonary disease, a fact which preyed upon his mind, and doubtless produced temporary insanity, during which he shot himself through the head with a small Ballard rifle.

QUERIES AND REPLIES.

T. H. Whitacre.—The best for your purpose are Fowne's Chemistry, \$2.75, and Dalton's Physiology, \$5.25.

Dr. Cohen's paper on Fetid Coryza is not for sale. Only a few copies were printed for private distribution.

Benjamin Musser.—We are making the requisite inquiries, that we may give you a satisfactory reply.

J. H. Thompson.—The additional paragraphs were not received. Will be glad to receive report of the meeting to which you allude.

Physicians in France.

Paris Correspondence New Orleans Picayune.

There are in France cities of 15,000 inhabitants which have not one single physician; there are cities of 20,000 inhabitants which have but one physician, and he not a graduate of a medical school. There is always posted in the arcade of the Paris Medical School the names of fifteen or twenty towns or villages which have no physician, and wish one. Lille is a city with a population of 200,000 souls; it contains only forty-three physicians. Roubaix is a city of 76,000 souls; it contains only eight physicians. The counties in which there are fewest physicians are the counties in which the per centum of mortality is highest.

W. A. Townsend, Abingdon, Ill.—We doubt very much that there is the slightest shadow of truth in the above, and would not advise any one to act in accordance with any such statement.

DEATHS.

HENDERSON.—In Pittsburg, on Wednesday morning, at 5 o'clock, Mary, wife of Dr. Wm. Henderson, in the seventy-second year of her age.

LEWIS.—On Saturday, August 8th, Hortense, wife of Edison Lewis, and youngest daughter of the late Dr. William Wither, of Williamantic, Conn.

MCLELLAND.—On the 18th inst., at her residence in Germantown, Miss. Annie Barnes McClelland, daughter of the late Judge Joseph Barnes, and wife of Medical Director James McClelland, U. S. N.

MCCLURE.—At Warsaw, Ky., Dr. Virgil McClure, August 1th, 1874, at the age of sixty-seven years.

POHLE.—At Georgetown, Col., on Monday, July 27th, Rebecca M., wife of Dr. Julius G. Pohle, and daughter of the late Edwin B. Clayton.

RICHMOND.—At Derby Line, Vermont, August 5th, Dr. Lemuel Richmond, aged seventy years, formerly of Woodstock.

SCRIBNER.—At Tarrytown, N. Y., on Friday, Aug. 21st, Rebecca Scribner, relict of the late Dr. Joseph M. Scribner, in the seventy-sixth year of her age.

WHITALL.—On the 10th inst., at Washington, Dutches County, N. Y., Francis C., son of Dr. Samuel and F. Cornelia Whitall, aged two years and fourteen days.